

Post Meeting Report

Please fill out this form immediately after the meeting and place it in the envelope provided. Thank you for helping us improve this process.

Name of Facilitator	
Date of the Meeting	
Lattended the meeting because Lam:	

- The child's parent
- o The child's guardian
- o A relative of the child

Please circle the number which best reflects how you feel about each of the following statements:

_	1	2	3	4	5
The Process	Strongly	Disagree	Not sure	Agree	Strong
	Disagree				Agree
1. The meeting was scheduled at					
a time that was convenient for me	1	2	3	4	5
2. The meeting was scheduled at a					
place that was convenient for me	1	2	3	4	5
2. The facilitator explained the					
process clearly so that I knew	1	2	3	4	5
what to expect during the meeting					
3. I was given an opportunity to					
express my views during the	1	2	3	4	5
meeting					
4. The other persons in the					
meeting took my views into	1	2	3	4	5
account in deciding what will					
happen next					
5. I was treated with respect	1	2	3	4	5
6. My role as a parent was taken	1	2	3	4	5
seriously			3	4	3
7. I would recommend to other					
parents that they attend these	1	2	3	4	5
meetings					

Please provide any other comments about the facilitator or the process on the back of this form.